

# 2016 SUMMER CAMP REGISTRATION FORM

## SUMMER DAY CAMP AT DANIELS RUN/PROVIDENCE ELEMENTARY SCHOOL

### RISING 1<sup>ST</sup> - 4<sup>TH</sup> GRADERS (TIME: 9:00AM - 3:00PM)

Please refer to "Leisure Times" for full summer camp details. Please print clearly!

**CAMPER'S NAME**
**Date of Birth**
**Gender**

		M    F
<b>Address</b>	<b>Grade in Fall 2016</b>	<i>City of Fairfax Resident?</i>
		Yes    No

**GUARDIAN NAME**
**Email**
**Home Phone**

<b>Address</b>	<b>Cell Phone</b>	<b>Business Phone</b>

**2<sup>nd</sup> GUARDIAN NAME**
**Email**
**Home Phone**

<b>Address</b>	<b>Cell Phone</b>	<b>Business Phone</b>


*Please Choose Camp Site:*
☐ **DANIELS RUN Elementary School**
☐ **PROVIDENCE Elementary School**

FULL SUMMER (6/29-8/19, no camp 7/4)	Session A (6/29-7/1)	Session B (7/5-7/15, no camp 7/4)	Session C (7/18-7/29)	Session D (8/1-8/12)
___\$899	___\$90	___\$270	___\$300	___\$300

### EXTENDED DAY PROGRAM

	Full Summer *at Registration*	Week 1 6/29-7/1	Week 2 7/5-7/8	Week 3 7/11-7/15	Week 4 7/18-7/22	Week 5 7/25-7/29	Week 6 8/1-8/5	Week 7 8/8-8/12	Week 8 8/15-8/19
AM Only (7am - 9am)	___\$466	___\$42	___\$56	___\$70	___\$70	___\$70	___\$70	___\$70	___\$70
PM Only (3pm - 6pm)	___\$600	___\$54	___\$70	___\$90	___\$90	___\$90	___\$90	___\$90	___\$90
BOTH AM & PM	___\$999	___\$90	___\$120	___\$150	___\$150	___\$150	___\$150	___\$150	___\$150

**Image Release:** I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of my child's participation in the program for legitimate purpose.    **Please check:**    ☐ YES    ☐ NO

**Assumption of Risk:** I certify that I am older than age 18 and/or the legal guardian of the participant. Due to strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/guardian consents to emergency treatment. Also, student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation Department.

**\*I agree to all the policies and procedures as indicated in the Leisure Times and Parent Handbook including Refund Policy\***

**Signed:** \_\_\_\_\_ **Printed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

### PAYMENT INFORMATION

\_\_\_ Pay in Full    \_\_\_ Payment Plan    \_\_\_ Check    \_\_\_ Cash    \_\_\_ Credit

**Late Fee:** For those who chose payment plan there will be a 5 business day grace period then a \$25 late fee will be incurred for every five business days thereafter.

### CREDIT CARD INFORMATION \*required for all payment plans\*

Name as it appears on card: \_\_\_\_\_ Card type:    \_\_\_ Visa    \_\_\_ Mastercard    \_\_\_ AmEx    \_\_\_ Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Signature \_\_\_\_\_

All Camper Emergency Cards/Health History Forms must be completed and handed in before **June 20<sup>th</sup> 2016**.  
Forms can be found on [www.fairfaxva.gov/parksrec](http://www.fairfaxva.gov/parksrec)